



STATE OF MAINE
DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES
BUREAU OF ALCOHOLIC BEVERAGES AND LOTTERY OPERATIONS
DIVISION OF LIQUOR LICENSING AND ENFORCEMENT
8 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0008

Promise by any person that he or she can expedite a liquor license through influence should be completely disregarded.
To avoid possible financial loss an applicant, or prospective applicant, should consult with the Division before making any substantial investment in an establishment that now is, or may be, attended by a liquor license.

Tel: (207) 624-7220

**Agency Liquor Store
With Retail Malt & Wine
RENEWAL APPLICATION**

BUREAU USE ONLY

License No. Assigned:

Class:

Deposit Date:

Amt. Deposited:

AGENCY, MALT, VINOUS \$ 710.00
RESELLING AGENT \$ 50.00

CHECK PAYABLE TO: Treasurer State of Maine

ALL QUESTIONS MUST BE ANSWERED IN FULL

1. APPLICANT(S) (Sole Proprietor, Corporation, Limited Liability Co.,etc.) DOB:	2. Business Name (D/B/A)
DOB:	
DOB:	Location (Street Address)
Address	City/Town State Zip Code
	Mailing Address
City/Town State Zip Code	City/Town State Zip Code
Telephone Number Fax Number	Business Telephone Number Fax Number
Federal I.D. #	Seller Certificate #

3. Is applicant a Corporation: ☐ Yes ☐ No If **Yes**, complete and attach Supplementary Questionnaire for Corporate.

4. If a manager is to be employed, give name: _____

5. Is/are applicant(s) citizens of the United States? ☐ Yes ☐ No

6. Is/are applicant(s) residents of the State of Maine? ☐ Yes ☐ No

7. List name, date of birth, place of birth for all applicants and managers, if any. Give maiden name, if married:

Name in Full (Print Clearly)	DOB	Place of Birth

Residence address on all of the above for previous 5 years (Limit answer to city & state)

Name:	City:	State:
Name:	City:	State:
Name:	City:	State:

8. Has applicant(s) or manager ever been convicted of any violation of the law, other than minor traffic violations in any State of the United States, within the past 5 years? ☐ Yes ☐ No

Name: _____ Date of Conviction: _____

Offense: _____ Location: _____

Disposition: _____

9. Will any other person have any interest either directly or indirectly in your license, if issued?

Yes ☐ No ☐ If **Yes**, give name: _____

10. Has/have applicant(s) formerly held a Maine liquor license? YES ☐ NO ☐

11. Does/do applicant(s) own the premises? Yes ☐ No ☐ If **No** give name and address of owner: _____

12. Describe in detail the premise to be licensed: (Supplemental On/Off Premise Diagram Required)

13. What are your present hours of operation? From _____AM/PM To _____AM/PM Days _____

14. List the wholesale value and types of merchandise in inventory: (Use separate sheet of paper if necessary.)

Beer: \$ _____ Wine: \$ _____ Edible Foods: \$ _____ Tobacco Products: \$ _____

Paper Goods: \$ _____ Greeting Cards, Magazines, and Newspapers: \$ _____

Total of all other merchandise in inventory: \$ _____

15. Have you received any assistance financially or otherwise, (including any mortgages), from any source other than yourself in the establishment of your business? ☐ Yes ☐ No If **Yes**, give details: _____

16. Have any changes occurred in Ownership, Partnership or Corporate structure since last renewal? Yes ☐ No ☐

17. List current annual dollar sales of: **Retail SPIRITS sales ONLY**: \$ _____

Wholesale (sales to other licensees only) sales: \$ _____

18. List current on-hand inventory of spirits, in dollars: \$ _____

19. Basic Federal Permit # _____

Dated at: _____ on _____ 20____
City/Town, State Month/Day Year

X _____ X _____
Signature(s) (in blue ink) of individual(s) or Duly Authorized **Printed Name(s)**
Officer of Corporation or, if Partnership, by Members of Partnership

Note: I understand that false statements made on this form are punishable by law. Knowingly supplying false information on this form is a Class D Offense under the Criminal Code, punishable by confinement of up to one year, or by monetary fine of up to \$2,000.00, or by both.